

ORIGINAL

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Attorney or Party Name, Address, Telephone & FAX Numbers, and California State Bar Number		FOR COURT USE ONLY	
Christopher Hubbard, M.D. 1020 Vine St Pasadena, CA 93446 805-227-1477 805-227-1479		<div style="border: 1px solid black; padding: 5px; text-align: center;">FILED DEC 28 2009 CLERK U.S. BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA Deputy Clerk</div>	
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA			
In re: Mission Medical Associates of the Central Coast, Inc., a CA Corporation		CASE NUMBER 9:02-10059-RR CH 7	
Debtor.		HEARING DATE: TIME: PLACE:	

MOTION FOR ORDER RELEASING UNCLAIMED FUNDS

I, under penalty of perjury under the laws of the United States of America declare (or certify, verify, or state) that the following statements and information are true and correct:

1. I request an order releasing the total amount of \$ 3,551.95 which is the sum of all monies deposited with the court on the following date(s) March 3, 2009 on behalf of the creditor Christopher Hubbard M.D. on claim number(s) _____

2. Please check and complete the applicable subparagraph(s) below:

- ☒ a. I am the creditor named in paragraph 1.
- ☐ b. I am an employee of the creditor named in paragraph 1 and my title is _____. The creditor is still legally entitled to the monies and I am authorized by the creditor to this petition. Submit evidence establishing authority to act on behalf of creditor.
- ☐ c. I am the creditor and have appointed _____ as my lawful attorney-in-fact who is duly authorized by the attached original power of attorney to file this motion.
- ☐ d. Subparagraphs a, b, and c above do not apply, but I am entitled to payment of such monies because (submit evidence establishing basis for right to obtain payment).

(Continued on next page)

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In re	Mission Medical Associates of the Central Coast	CHAPTER <u>7</u>
Debtor.		CASE NUMBER 9:02-10059-RR

3. Please complete each of the following subparagraphs:

- a. The following is the creditor's address and phone number:

1020 Vine St
Paso Robles, CA 93446
805-227-1477

- b. A brief history of the creditor (from the filing of the claim to the present) which includes, if applicable, identification of any sale of the company and the new and prior owner(s). Submit evidence establishing the sale of the company from the prior to the new owner(s):

I am the sole owner of a medical practice. On June 2nd, 2003
I moved from 1104 Suite A Vine St, Paso Robles to my current
address of 1020 Vine St, Paso Robles.

4. I understand that, pursuant to 18 U.S.C. § 152, I may be fined or imprisoned, or both, if I have knowingly and fraudulently made any false statements in this document.

Amend Signed 12/12/09

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In re <u>Mission Medical Associates of the Central Coast</u>	CHAPTER <u>7</u>
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(Corporate Seal

if applicable)

Christopher Hulburd, M.D.
Mission Medical Associates of the Central Coast
Creditor

Christopher Hulburd, M.D.
Type or Print Creditor's Name

1020 Vine St
Creditor's Address

Palo Alto CA 93446

STATE OF CALIFORNIA, COUNTY OF San Luis Obispo

On Dec 14, 2009 before me, personally appeared (insert name and title of the signer)

Christopher Hulburd MD

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

(SEAL)
See attached

Kimberly Renee Randolph
Notary Public

My commission expires on Feb 18, 2012

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In re	Mission Medical Associates of the Central Coast Inc	CHAPTER <u>7</u>
Debtor.		CASE NUMBER <u>9:02-10059-RR</u>

PROOF OF SERVICE

I hereby certify under penalty of perjury under the laws of the United States of America that on 12/15/09, I mailed in a sealed envelope, with postage thereon fully prepaid, a fully completed true and correct copy of the document described as "Motion for Order Releasing Unclaimed Funds" to the United States Attorney, United States Trustee, and other persons and entities required to be served by Local Bankruptcy Rule 3011-1(b) and addressed as follows:

Please insert the name and address of the trustee appointed in the case and the trustee's counsel, if any:

Brad Krasnoff, Chapter 7 Trustee
221 No. Figueroa St. Suite 1200
Los Angeles CA 90012

Please insert the name and address of the Debtor, Debtor in Possession, reorganized Debtor, or other fiduciary appointed to supervise the distribution of funds and assets of the estate (if not the claimant) and their counsel, if any:

N/A (debtor no longer exists)

Leonard Schwimer
26632 Town Center Dr. Suite #300
Foothill Ranch, CA 92610

If Movant is not the original creditor or an employee thereof, please insert the name and address of the original creditor and the creditor's counsel, if any:

N/A

Date

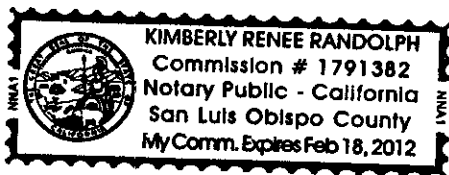
Christopher S. Hubbard
Signature
Christopher S. Hubbard
Type or Print Name

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of San Luis Obispo

On Dec 14, 2009 before me, Kimberly Renee Randolph Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Christopher Hulburt MD
Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal and/or Stamp Above

Signature: Kimberly Renee Randolph
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Motion for Order Releasing Unclaimed Funds
Document Date: Dec 14, 2009 Number of Pages: 6

Signer(s) Other Than Named Above: none

Capacity(ies) Claimed by Signer(s)

Signer's Name: Christopher Hulburt MD Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☐ Individual

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☒ Other: Creditor

Signer Is Representing: _____

☐ Corporate Officer — Title(s): _____

☐ Individual

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

DMV CALIFORNIA DMV
DRIVER LICENSE
EXPIRES 02-02-11 N3072542 CLASS: C
CHRISTOPHER SCOTT HULE
916 SALIDA DEL SOL
PASO ROBLES CA 93446
SEX: M HAIR: BRN
HT: 6-01 WT: 180 DOB: 02-02-57
02/15/2006 235 RB FD/11

Ann Skid 1-11-09